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|   |   |  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|---|---|--|------------------|---|----------------------------------|---------------------------------------|------------|------------|--|-----------|---|---|---|----------------------------|-----|--|------------|------------------------|---|-------|-------|----------------------------------|------------|---|--|-----------|-------|---|---|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|---|--------|--|--|--|--|------------|---|--------|--|--|--|--|----|----|----|--|--|--|--|-----------------|---|-----------------|---|--|--|--|--|--|--|-----------|---|---|------------------|-----------|------------------------|-----------|------------------------|------|-------|-------|---|----|--------|------------------------------|-----|-------|------|---|----|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------|--------|--------|--|--|--|--|----|----|----|--|--|--|--|-----------------|-----------------|-----------------|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |  |                  | Application or Docket Number<br><b>10/760,018</b> | Filing Date<br><b>01/20/2004</b> | <input type="checkbox"/> To be Mailed |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| <b>APPLICATION AS FILED – PART I</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(Column 1)</td> <td style="width: 33%; text-align: center;">(Column 2)</td> <td style="width: 33%; text-align: center;">OTHER THAN<br/>SMALL ENTITY <input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">FOR</td> <td style="text-align: center;">NUMBER FILED</td> <td style="text-align: center;">NUMBER EXTRA</td> </tr> <tr> <td><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(c), (p), or (q))</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>TOTAL CLAIMS<br/>(37 CFR 1.16(l))</td> <td style="text-align: center;">minus 20 =</td> <td style="text-align: center;">*</td> </tr> <tr> <td>INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td style="text-align: center;">minus 3 =</td> <td style="text-align: center;">*</td> </tr> <tr> <td><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="2" style="padding-left: 10px;">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> </tr> <tr> <td><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> <td colspan="2"></td> </tr> </table>   |   |  |                  |   |                                  |                                       | (Column 1) | (Column 2) | OTHER THAN<br>SMALL ENTITY <input checked="" type="checkbox"/> | FOR       | NUMBER FILED                              | NUMBER EXTRA                                | <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) | N/A                        | N/A | <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) | N/A        | N/A                    | <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(c), (p), or (q)) | N/A   | N/A   | TOTAL CLAIMS<br>(37 CFR 1.16(l)) | minus 20 = | * | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h)) | minus 3 = | *     | <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                        | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| (Column 1)  | (Column 2)  | OTHER THAN<br>SMALL ENTITY <input checked="" type="checkbox"/> |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| FOR   | NUMBER FILED  | NUMBER EXTRA   |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))   | N/A   | N/A  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))  | N/A   | N/A  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(c), (p), or (q))   | N/A   | N/A  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| TOTAL CLAIMS<br>(37 CFR 1.16(l))  | minus 20 =  | *  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =   | *  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |   |  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   |   |  |                  | RATE (\$)   | FEE (\$)                         | RATE (\$)                             |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   |   |  |                  | N/A   | N/A                              | N/A                                   |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   |   |  |                  | N/A   | N/A                              | N/A                                   |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   |   |  |                  | N/A   | N/A                              | N/A                                   |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   |   |  |                  | X \$ =  | X \$ =                           | X \$ =                                |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   |   |  |                  | X \$ =  | X \$ =                           | X \$ =                                |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   |   |  |                  | TOTAL   | TOTAL                            | TOTAL                                 |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| * If the difference in column 1 is less than zero, enter "0" in column 2.   |   |  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| <b>APPLICATION AS AMENDED – PART II</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(Column 1)</td> <td style="width: 33%; text-align: center;">(Column 2)</td> <td style="width: 33%; text-align: center;">(Column 3)</td> </tr> <tr> <td style="text-align: center;">AMENDMENT</td> <td style="text-align: center;">CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td style="text-align: center;">HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td style="text-align: center;">PRESENT<br/>EXTRA</td> <td style="text-align: center;">OTHER THAN<br/>SMALL ENTITY</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">SMALL ENTITY</td> </tr> <tr> <td style="text-align: center;">05/30/2007</td> <td style="text-align: center;">Total (37 CFR 1.16(l))</td> <td style="text-align: center;">* 21</td> <td style="text-align: center;">Minus</td> <td style="text-align: center;">** 21</td> <td style="text-align: center;">= 0</td> <td style="text-align: center;">RATE (\$)</td> </tr> <tr> <td></td> <td style="text-align: center;">Independent (37 CFR 1.16(h))</td> <td style="text-align: center;">* 5</td> <td style="text-align: center;">Minus</td> <td style="text-align: center;">***5</td> <td style="text-align: center;">= 0</td> <td style="text-align: center;">ADDITIONAL<br/>FEE (\$)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="2"></td> <td colspan="3"></td> </tr> <tr> <td></td> <td><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td colspan="2"></td> <td colspan="3"></td> </tr> <tr> <td colspan="4" style="padding: 5px;"></td> <td style="text-align: center;">X \$ 25 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">X \$ =</td> </tr> <tr> <td colspan="4" style="padding: 5px;"></td> <td style="text-align: center;">X \$ 100 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">X \$ =</td> </tr> <tr> <td colspan="4" style="padding: 5px;"></td> <td style="text-align: center;">OR</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">OR</td> </tr> <tr> <td colspan="4" style="padding: 5px;"></td> <td style="text-align: center;">TOTAL ADD'L FEE</td> <td style="text-align: center;">0</td> <td style="text-align: center;">TOTAL ADD'L FEE</td> </tr> <tr> <td colspan="7" style="padding: 5px;"> <b>(Column 1)</b>      <b>(Column 2)</b>      <b>(Column 3)</b> </td> </tr> <tr> <td style="text-align: center;">AMENDMENT</td> <td style="text-align: center;">CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td style="text-align: center;">HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td style="text-align: center;">PRESENT<br/>EXTRA</td> <td style="text-align: center;">RATE (\$)</td> <td style="text-align: center;">ADDITIONAL<br/>FEE (\$)</td> <td style="text-align: center;">RATE (\$)</td> </tr> <tr> <td 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      | * 5       | Minus | ***5  | = 0   | ADDITIONAL<br>FEE (\$) |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  |  |  |  |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  |  |  |  |  | X \$ 25 = | 0 | X \$ = |  |  |  |  | X \$ 100 = | 0 | X \$ = |  |  |  |  | OR | OR | OR |  |  |  |  | TOTAL ADD'L FEE | 0 | TOTAL ADD'L FEE | <b>(Column 1)</b> <b>(Column 2)</b> <b>(Column 3)</b> |  |  |  |  |  |  | AMENDMENT | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | Total (37 CFR 1.16(l)) | * 21 | Minus | ** 21 | = | OR | X \$ = | Independent (37 CFR 1.16(h)) | * 5 | Minus | ***5 | = | OR | X \$ = |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  |  |  |  |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  |  |  |  |  | X \$ = | X \$ = | X \$ = |  |  |  |  | OR | OR | OR |  |  |  |  | TOTAL ADD'L FEE | TOTAL ADD'L FEE | TOTAL ADD'L FEE |
| (Column 1)  | (Column 2)  | (Column 3)   |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                    | PRESENT<br>EXTRA | OTHER THAN<br>SMALL ENTITY                        | OR                               | SMALL ENTITY                          |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| 05/30/2007  | Total (37 CFR 1.16(l))  | * 21   | Minus            | ** 21   | = 0                              | RATE (\$)                             |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   | Independent (37 CFR 1.16(h))  | * 5  | Minus            | ***5  | = 0                              | ADDITIONAL<br>FEE (\$)                |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   |   |  |                  | X \$ 25 =   | 0                                | X \$ =                                |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   |   |  |                  | X \$ 100 =  | 0                                | X \$ =                                |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   |   |  |                  | OR  | OR                               | OR                                    |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   |   |  |                  | TOTAL ADD'L FEE                                   | 0                                | TOTAL ADD'L FEE                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| <b>(Column 1)</b> <b>(Column 2)</b> <b>(Column 3)</b>   |   |  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                    | PRESENT<br>EXTRA | RATE (\$)   | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| Total (37 CFR 1.16(l))  | * 21  | Minus  | ** 21            | =   | OR                               | X \$ =                                |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| Independent (37 CFR 1.16(h))  | * 5   | Minus  | ***5             | =   | OR                               | X \$ =                                |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   |   |  |                  | X \$ =  | X \$ =                           | X \$ =                                |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   |   |  |                  | OR  | OR                               | OR                                    |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
|   |   |  |                  | TOTAL ADD'L FEE                                   | TOTAL ADD'L FEE                  | TOTAL ADD'L FEE                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |   |  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".   |   |  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  |   |  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |   |  |                  |   |                                  |                                       |            |            |  |           |   |   |   |                            |     |  |            |                        |   |       |       |                                  |            |   |  |           |       |   |   |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |   |        |  |  |  |  |            |   |        |  |  |  |  |    |    |    |  |  |  |  |                 |   |                 |   |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |      |       |       |   |    |        |                              |     |       |      |   |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |        |        |  |  |  |  |    |    |    |  |  |  |  |                 |                 |                 |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Legal Instrument Examiner:  
Jacqueline E. Couplin